

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/29/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155723		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/08/2013	
NAME OF PROVIDER OR SUPPLIER RIVER POINTE HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 3001 GALAXY DR EVANSVILLE, IN 47715			
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F0000	<p>This visit was for the Investigation of Complaint IN00121753.</p> <p>Complaint IN00121753 Substantiated, Federal/State deficiencies related to the allegations are cited at F279, F312, and F441.</p> <p>Survey dates: January 7 and 8, 2013</p> <p>Facility number: 002280 Provider number: 155723 AIM number: N/A</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: SNF: 27 NF: 9 SNF/NF: 21 Residential: 37 Total: 94</p> <p>Census payor type: Medicare: 27</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Medicaid: 9 Other: 58 Total: 94</p> <p>Sample: 4</p> <p>These deficiencies reflect state findings cited in accordance with 42 CFR Part 483 Subpart B and 410 IAC 16.2.</p> <p>Quality review completed on January 14, 2013, by Jodi Meyer, RN</p>						

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F0279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview, and record review, the facility failed to develop a plan of care regarding a wound vac, for 1 of 3 residents reviewed who received wound care, in a sample of 4. Resident C</p> <p>Findings include:</p> <p>On 1/7/13 at 9:15 A.M., during the initial tour, the Director of Nursing [DON]</p>		F0279	<p>F 279</p> <p>Res #C no longer resides at the facility.</p> <p>There were no other residents affected and there are currently no other residents with a wound vac. Through inservicing will ensure that a careplan update is more timely in the future. Completion Date 2-7-13</p> <p>Directed inservice for licensed nursing staff to include careplan updates requirement for wound vac application.</p>		02/07/2013	

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	<p>indicated Resident C was scheduled to receive a wound vac that day due to a large wound on her abdomen.</p> <p>On 1/7/13 at 1:40 P.M., Resident C was observed lying in bed. A large abdominal wound was observed. The DON indicated at that time that the abdominal dressings had just been removed, and a wound vac was ready to be placed.</p> <p>On 1/8/13 at 8:55 A.M., the clinical record of Resident C was reviewed. A diagnosis included, but was not limited to, infected abdominal wound.</p> <p>Documentation regarding the placement of the wound vac on 1/7/13, physician orders regarding the wound vac, or care of the wound vac, was not observed in the clinical record.</p> <p>On 1/8/13 at 9:15 A.M., LPN # 2 indicated she was the nurse caring for Resident C that day. LPN # 2 indicated she floated to all of the units. When queried regarding documentation of the wound vac, LPN # 2 searched the resident's chart, the treatment record, and an "Alert Charting" binder, and indicated she was unable to find documentation regarding the care of the wound vac. LPN # 2 checked her 24 hour report sheet, and indicated she was informed that the</p>			<p>Completion Date 2-7-13</p> <p>MDS coordinator/designee will audit all wound vac applications to ensure the careplan is updated within 24 hours.</p> <p>Results of audits and list of all residents with wound vacs will be reviewed by QA committee monthly for 6 months and quarterly thereafter.</p>			

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	<p>resident received a wound vac on 1/7/13. The Assistant Director of Nursing was also present, and indicated she would check with the DON regarding documentation or physician orders.</p> <p>On 1/8/13 at 9:50 A.M., during interview with the DON, she indicated she had a new treatment sheet regarding the wound vac in her office. She indicated she had neglected to take it to the unit on 1/7/13. The DON indicated she was having "KCI," the agency that placed the wound vac, fax over information regarding the care of the wound vac at that time. The DON indicated she wrote a physician's order, dated 1/7/13, that she had not put on the chart. The order indicated, "Place wound vac @ 100 mhg/hr. [Change] M, W, F [Monday, Wednesday, Friday], [Check] placement/settings q [every] shift."</p> <p>On 1/8/13 at 10:15 A.M., the DON provided a "Skilled Nursing Assessment" note, dated 1/7/13 at 8:30 P.M. On the reverse page of the assessment was a notation, dated 1/7/13 at 2:30 P.M., which indicated, "Wound vac placed on abd. [abdominal] wound this day. KCI rep here for inservice and placement. Set at 100. To be changed on M-W-F." The DON indicated the note had been found in the "Alert Charting" binder, and must have</p>						

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	<p>been overlooked when LPN # 2 had searched earlier.</p> <p>This federal tag relates to Complaint IN00121753.</p> <p>3.1-35(a)</p>						

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F0312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on interview and record review, the facility failed to ensure a resident dependent for care received a bath or shower at least twice weekly, for 1 of 4 residents reviewed for bathing, in a sample of 4. Resident B</p> <p>Findings include:</p> <p>1. The clinical record of Resident B was reviewed on 1/7/13 at 11:30 A.M. The resident was admitted to the facility on 11/29/12 with diagnoses including, but not limited to, total right hip replacement.</p> <p>A "Nursing Admission Assessment," dated 11/29/12 at 4:30 P.M., indicated the resident was dependent on bathing.</p> <p>A Minimum Data Set [MDS] assessment, dated 12/6/12, indicated Resident B was totally dependent of one person physical assistance for bathing.</p> <p>A "Resident Care Plan," dated 12/7/12, indicated: "Problem, ADL [activities of</p>		F0312	<p>F 312</p> <p>Resident B no longer resides at the facility.</p> <p>All residents who are dependent with any ADL assistance have the potential to be affected by the alleged deficient practice and through changes in provision of care and inservicing will prevent the recurrence of the deficient practice.</p> <p>Completion Date 2-7-13</p> <p>Nursing staff will be inserviced on general ADL assistance with special attention to bathing schedules/preferences.</p> <p>Completion Date 2-7-13</p> <p>Systemic change will include the nurses adding showers for the shift onto the report worksheet and signing off that they were completed after confirming with the CNA's.</p> <p>Completion Date 2-7-13</p> <p>DHS and/or designee will monitor compliance by electronic charting reports and interviewing 3 random alert residents/week who require assistance x2 monthss,</p>		02/07/2013	

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	<p>daily living] self-care deficit or potential for: AEB [as evidenced by]: Needs assistance or is dependent in Bed mobility, Transfer, Walking, Locomotion, Dressing, Toilet Use, Personal hygiene, Bathing...Interventions...Assist with personal hygiene as needed...."</p> <p>On 1/7/13 at 12:00 P.M., the Administrator provided a list of residents, indicating those who were interviewable. Resident B was indicated as being interviewable.</p> <p>On 1/7/13 at 1:00 P.M., during interview with Resident B, she indicated she had been receiving only 1 shower or bath a week, but "last week didn't get any."</p> <p>On 1/7/13 at 1:45 P.M., LPN # 1 provided the CNA assignment sheet for Resident B. The sheet indicated Resident B was to receive her showers on Wednesday and Saturday evenings. LPN # 1 indicated the CNAs fill out skin sheets when providing the showers, and provided sheets dated 1/6/13 and 1/2/13. The sheet dated 1/2/13 indicated the resident received a "partial" bath. LPN # 1 indicated Medical Records would have additional sheets. At that time, Medical Records staff # 1 indicated CNA staff record residents' showers electronically, but also are to fill out skin sheets with each shower. Medical</p>		<p>and 3 monthly thereafter.</p> <p>Results of compliance audits will be forwarded to QA committee monthly x6 months and quarterly thereafter.</p>				

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	<p>Records staff # 1 provided various skin sheets, including 1 dated 12/8/12, which indicated: "...[Resident B]...Reason for refusal of shower, no time." Medical Records staff # 1 indicated she was unaware if that notation meant the CNA did not have time to give the shower, or that the resident had no time to receive the shower.</p> <p>On 1/7/13 at 2:00 P.M., MDS staff # 1 provided an electronic print out of Resident B's showers and baths given since admission on 11/29/12. The document indicated the resident received her first bath on 12/5/12, then received a bath and shower on 12/8/12, a shower on 12/9 and then not another shower or bath until 12/15/12. Documentation further indicated the resident then received showers on 12/19/12, 12/22/12, and 12/26/12. No further shower was documented until 1/6/13. The skin sheets provided by Medical Records staff # 1 coincided with these dates.</p> <p>2. On 1/8/13 at 9:50 A.M., the Director of Nursing provided the current facility policy on "Guidelines for Bathing Preference," undated. The policy included: "Bathing shall occur at least twice a week unless resident preference states otherwise."</p>						

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	This federal tag relates to Complaint IN00121753. 3.1-38(a)(3)						

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F0441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>		F0441	F 441		02/07/2013	

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	<p>Based on observation, interview, and record review, the facility failed to ensure a dressing was reapplied promptly to an open abdominal wound, and proper wound cleansing occurred to maintain infection control, for 1 of 3 residents reviewed for dressing changes, in a sample of 4. Resident A</p> <p>Findings include:</p> <p>1. On 1/7/13 at 9:45 A.M., the Director of Nursing [DON] indicated Resident A required dressings to a wound on his abdomen.</p> <p>On 1/7/13 at 10:20 A.M., the clinical record of Resident A was reviewed. Diagnoses included, but were not limited to, ventral hernia repair.</p> <p>The most recent wound assessment, dated 1/3/13, indicated the wound measured 5 centimeters [cm] length and 2.5 cm width. The exudate [drainage] was described as yellow, without odor, small amount, and thin. The wound bed was documented as "60% pink, 40% yellow."</p> <p>On 1/7/13 at 10:25 A.M., Resident A was observed lying in his bed, bare-chested.</p>		<p>Res A no longer resides at the facility.</p> <p>There were no other residents affected by the alleged deficient practice and through alterations in processes and inservicing will ensure correct actions to prevent spread infection are followed. Completion Date 2-7-13</p> <p>RN#1 will have directed inservice regarding wound care basics and return demonstration of proper wound cleansing. Completion Date 2-7-13</p> <p>Licensed nursing staff will be inserviced on proper wound care and assessment to prevent spreading of infection. Return demonstration of skills will be documented. Completion Date 2-7-13</p> <p>DHS/Designee will monitor wound care techniques 3xweek for 2 weeks, then weekly with results of compliance being forwarded to QA committee monthly x6 months and quarterly thereafter.</p>				

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	<p>An open wound was observed on his abdominal incision line. The wound had a red base, with yellow tissue observed. Resident A indicated he had just been assisted with his shower, and was waiting for his wound to be redressed.</p> <p>On 1/7 13 at 10:35 A.M., CNA # 1 was observed to enter the resident's room. The resident was overheard to tell the CNA, "I'm ready whenever the nurse is not busy." RN # 1 was observed sitting at the nurse's station.</p> <p>On 1/7/13 at 11:00 A.M., RN # 1 was observed sitting at the nurse's station.</p> <p>During constant surveillance of the resident's room, CNA # 1 was observed to enter the resident's room 2 more times. At 11:40 A.M., the resident's call light was on, and the resident was overheard to state, "Where is she."</p> <p>On 1/7/13 at 11:45 A.M., RN # 1 was observed to enter Resident A's room. RN # 1 indicated, "He's wanting that dressing changed." RN # 1 was then observed to spray wound cleanser on the resident's skin surrounding the open wound, and into the wound. She then, wearing gloves, took a piece of gauze, and cleansed around the wound. Using the same side of the gauze, she cleansed inside the open</p>						

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	<p>wound. She changed her gloves, and then placed normal saline soaked gauze into the wound, and covered it with a dressing. She questioned the resident where his old dressing was located, and he indicated it was in the trash. RN # 1 made no attempt to look at the old dressing to monitor for drainage.</p> <p>On 1/8/13 at 9:50 A.M., during interview with the DON, she indicated RN # 1 was a fairly new nurse, and the Assistant Director of Nursing had been working with her regarding wound care.</p> <p>2. On 1/8/13 at 10:50 A.M., the DON provided the current facility policy on "Basic Wound Interventions," undated. The policy included: "...Basic wound treatment: Cleanse...Cover and protect...." The DON indicated she could not find a policy which included how to actually cleanse a wound properly.</p> <p>This federal tag relates to Complaint IN00121753.</p> <p>3.1-18(b)</p>						

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